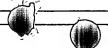


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Country	U.	S.A.		Telephone	(949)	855-1	246	Fax	(949)	855-	6371
Name (Pi	rint/Type)	ERIC L. T	ANEZAK	I		Registration I	No. (Attorne	y/Agent)	40,1	96	
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	First Named Inventor	Mark P. Forbes	
imall Entity payments <u>must</u> be supported by a small entity statement,	Examiner Name	Unknown	
	Group / Art Unit	Unknown	
TOTAL AMOUNT OF PAYMENT (\$) 395.00	Attorney Docket No.	FORBE-001A	

METHOD OF PAYMENT (check one)	FEE CALCULATION: (continued)	
1. X The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account 19-4330	3. ADDITIONAL FEES Largo Entity Small Entity Fee Fee Fee Fee Fee Description Codo (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or cath	Fee Paid
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37 CFR 1.18 and 1.17 Notice of Allowance	147 2,520 147 2,520 For filing a request for reexamination	
2 X Payment Enclosed:	112 920° 112 920° Requesting publication of SIR prior to Examiner action	
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FEE CALCULATION	115 110 215 55 Extension for reply within first month	
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108 790 208 395 Reissue filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding	
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	
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2. EXTRA CLAIM FEES	142 1,320 242 660 Utility issue fee (or reissue)	
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103 22 203 11 Claims in excess of 20	146 790 246 395 Filling a submission after final rejection	
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Typed or ERIC L. TANEZAKI		,196

SUBMITTED B	Y	Complete (if applicable)		
Typed or Printed Name	ERIC L. TANEZAKI		Reg. Number	40,196
Signature	Eine Z. Tanegaki		Deposit Account User ID	

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FEE TRANSMITTAL Patent lees are subject to annual revision on October 1. These are the lees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity lees must be paid. See Forms PTO/SB/09-12. TOTAL AMOUNT OF PAYMENT (\$) 305 00	First Named Inventor	Mark P. Forbes	7	
	Examiner Name	Unknown		
50101/105 Zigs 6111/105	Group / Art Unit	Unknown	5	
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102 82 202 41 Independent claims in excess of 3	149 790 249 395 For each additional Invention to be						
104 270 204 135 Multiple dependent claim, if not paid	examined (37 CFR 1.129(b))						
109 82 209 41 ** Reissue Independent claims over original patent	Other fee (specify)						
110 22 210 11 "Reissue claims in excess of 20 and over original patent	Other fee (specify)						
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